



COMMONWEALTH OF KENTUCKY
Instructions for Obtaining a Kentucky State ABC License

REQUIREMENTS:

- a. You must be at least 21 years of age to apply.
- b. You must be a Ky. Resident for the past year unless you apply as a corporation, LLC or Ltd. Partnership.
- c. You must be a citizen of the US unless you apply as a corporation, LLC or Ltd. Partnership ownership.
- d. Individuals, partners, officers, directors or managers may not apply if, within the past 5 years, they have been convicted of any felony; or within the past 2 years have been convicted of any alcohol or controlled substance misdemeanor.

- STEP 1. You must advertise your intention to apply for an ABC license(s) one time in a newspaper of general circulation in the area where the premises to be licensed is located. An officer of the newspaper must complete the affidavit of publication, which is enclosed. The completed affidavit and clipping must be attached to your application.
- STEP 2. Answer all questions and have the form notarized. Incomplete or deficient applications delay processing and your application may be returned.
- STEP 3. Attach a **certified check, cashier check, or money order payable to: Kentucky State Treasurer** for your application fee(s). See the attachment to determine the appropriate amount due based on license type and premises location.
WE MAY NOT ACCEPT CASH BY MAIL OR HAND DELIVERY!!!!!!
- STEP 4. Kentucky residents must submit the appropriate fee **payable to: Kentucky State Treasurer** for the Administrative Office of the Courts to obtain a statewide Kentucky police record check. The cost is \$15.00 per person and a record check must be conducted on all persons listed in the Basic Application under Section D-7. You may submit one (1) check for all backgrounds provided this check is separate from your check for licensing fees. Non-residents are responsible for providing a **statewide** police record check from their state(s) of residence for the past five (5) years. If you have not lived in Kentucky for five (5) years, you must submit a statewide police record check from the state(s) previously resided in for those years along with your fee for Kentucky background checks.
- STEP 5. If you apply as a corporation, limited partnership, or limited liability company, attach a copy of your articles of incorporation, partnership papers, or organizational papers from the Secretary of State. Your company must be approved to do business in the state of Kentucky and in good standing with the Kentucky Secretary of State's Office.
- STEP 6. If you do not own the real estate where you will sell alcohol, attach a signed copy of your lease. All lease agreements must run through the full period of your license.
- STEP 7. Under KRS 164.772 Ky. State ABC may deny a license to defaulted student loan borrowers of a Kentucky Higher Education Loan. Therefore, complete the attached Self-Certification Compliance Form enclosed in this packet and return it with your State ABC application.
- STEP 8. Contact the Kentucky Revenue Cabinet at (502) 564-3306 to obtain the proper Kentucky sales tax numbers for your business. Your license will not be issued without these numbers.
- STEP 9. Attach any other required affidavits such as: fire marshal certificate of seating capacity for restaurants; surety bonds for manufacturers and wholesalers, etc... Your Schedule(s) will list any attachments you need to make.
- STEP 10. Take your application to your local ABC administrator and obtain their signature of approval on your state application.
(LOCAL LICENSING): There may be local requirements and fees in addition to this state application you must meet. The longer your state application sits in the Local office pending approval the longer it will take the state to process your application. Therefore, it is to your advantage to forward your state application to Frankfort as soon as possible. Visit our web site for a list of the Local Administrator in your area at <http://abc.ky.gov/>

(TIME) New licenses take the State Office approximately 30 – 60 days to process. If your license is not issued for any reason, you must submit a **written request for a refund**. The Office will retain \$50 of your application fee for processing costs.

If you have any questions or need assistance, please contact our Office or visit our web site.

<http://abc.ky.gov>

FRANKFORT: Office of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, KY 40601-8400
(502) 564-4850 phone
(502) 564-1442 fax

NOTE: You are required to obtain a Federal Special "Occupational Tax" License from the Alcohol and Tobacco Tax and Trade Bureau (**TTB**). You must contact their office to obtain an application form and information about your federal permit: Alcohol and Tobacco Tax and Trade Bureau, Telephone Number (513) 684-3334
National Revenue Center
550 Main St., Cincinnati, Ohio 45202-3263

TYPE OF LIQUOR AND WINE LICENSES AVAILABLE BY AREAS

Areas that qualify to hold Limited Restaurant Liquor/Wine/Beer by the Drink with 70% food sales by election under KRS 242.185(6)

City of Burnside in Pulaski Co.
City of Calvert City in Marshall Co.
City of Cave City in Barren Co.
City of Corbin in Whitley & Knox Counties
City of Corinth in Grant Co.
City of Danville in Boyle Co.
City of Elizabethtown in Hardin Co.
City of Franklin in Simpson Co.
City of Georgetown in Scott Co.
City of Glasgow in Barren Co.
City of Guthrie in Todd Co.
City of Harrodsburg in Mercer Co.
City of Kuttawa in Lyon Co.
City of London in Laurel Co.
City of Mayfield in Graves Co.
City of Murray in Calloway Co.
City of Pineville in Bell Co.
City of Radcliff in Hardin Co.
City of Whitesburg in Letcher Co.
City of Williamstown in Grant Co.

County of Boyd
County of Oldham
County of Shelby

Premises that qualify to hold Golf Course Liquor/Wine/Beer by the Drink Licenses by local option elections in dry counties under KRS 242.123.

Located in the County of:

Boyle County
Boyle County
Calloway County (City of Murray)
Graves County (City of Mayfield)
Hardin County
Jessamine County
Madison County
Madison County
McCracken County
Oldham County
Pendleton County
Scott County
Scott County
Shelby County
Union County

(Name of the Golf Club)

Danville Country Club
Old Bridge Golf Club
Murray Golf Course
Mayfield Golf & Country Club
Pine Valley Golf Course (held 2 elections, and one to go wet and one to stay wet)
Champions Golf Course in Nicholasville
Arlington Golf Course
The Bull at Boone's Trace Golf Course
Rolling Hills Country Club
Harmony Landing Country Club
Pendleton Country Club and Golf Course
Canewood Golf Course
Longview Golf Course
Persimmon Ridge Golf Course
Breckinridge Golf Course

Kentucky ABC

How to obtain your state criminal history information

For Non-Kentucky Residents

Revised 08/17/05

Alabama 334-353-1172 www.dps.state.al.us/public/abi/cic.asp
Alaska 907-269-5767 www.dps.state.ak.us/statewide/background/index.asp
Arizona 602-223-2222 www.azdps.gov/reports/fingerprint/faq/default.asp
Arkansas 501-618-8500 www.asp.state.ar.us/demo/criminal/help_p2.php#122
California Please contact our office for information.
Colorado 303-239-4208 <https://www.cbirecordscheck.com>
Connecticut 860-685-8480 www.state.ct.us/dps/spbi.htm
Delaware Please contact our office for information.
Florida 850-410-8109 www.fdle.state.fl.us/CriminalHistory/
Georgia 404-986-5000 www.ganet.org/gbi/crimhist.html
Hawaii 808-587-3100 www.hawaii.gov/hcjdc/form.htm
Idaho 208-884-7130 www.isp.state.id.us/identification/crime_history/index.html
Illinois 815-740-5160 www.isp.state.il.us/crime/uciahome.cfm
Indiana 317-233-2010 www.in.gov/ai/hr/verification.html
Iowa 515-281-4776 www.state.ia.us/government/dps/dci/crimhist.htm
Kansas 785-296-6518 www.accesskansas.org/kbi/criminalhistory/
Louisiana 225-925-6095 www.lsp.org/who_support.html#criminal
Maine 207-624-7240 www.informe.org/PCR/
Maryland 888-795-0011 www.dpscs.state.md.us/publicservs/bgchecks.shtml
Massachusetts 617-660-4600 <http://www.mass.gov/chsb/>
Michigan 517-322-1956 www.michigan.gov/ichat
Minnesota 651-793-2400 www.dps.state.mn.us/bca/CJIS/Documents/Page-3-1.html
Mississippi Please contact our office for information.
Missouri 573-526-6153 www.mshp.dps.missouri.gov
Montana 406-444-3625 www.doj.state.mt.us/enforcement/backgroundchecks.asp
Nebraska 402-471-4545 www.nsp.state.ne.us/findfile.asp?ID=209
Nevada 775-687-1600 www.nvrepository.state.nv.us/

Kentucky ABC

How to obtain your state criminal history information

For Non-Kentucky Residents

Revised 08/17/05

New Hampshire 603-271-2538 www.state.nh.us/safety/nhsp/cr.html#criminal

New Jersey 609-882-2000 ext 2918 www.state.nj.us/lps/njsp/about/serv_chrc.html#background

New Mexico 505-827-9181 www.dps.nm.org/faq/record_request.htm

New York 518-485-7675 www.criminaljustice.state.ny.us/ojis/recordreview.htm

North Carolina www.nccourts.org/citizens/GoToCourt/Default.asp?topic=1

North Dakota 701-328-5510 www.ag.state.nd.us/bci/chr/chr.html

Ohio 740-845-2375 www.webcheck.ag.state.oh.us

Oklahoma 405-848-6742 <http://www.osbi.state.ok.us/PublicServices.htm>

Oregon http://egov.oregon.gov/osp/ID/does/crim_history.pdf

Pennsylvania 717-783-5494 <http://epatch.state.pa.us/Home.jsp>

Rhode Island 401-274-4400 <http://www.riag.ri.gov/criminal/bci.php>

South Carolina 803-737-9000 www.sled.state.sc.us/default.htm

South Dakota 605-773-3331 dci.sd.gov/administration/id/cch.htm

Tennessee 304-625-5590 www.tbi.state.tn.us/divisions/isd_riu_faqs.htm

Texas 512-424-2079 http://records.txdps.state.tx.us/dps_web/APP_PORTAL/index.aspx

Utah 801-965-4445 bci.utah.gov/Records/RecOwnRecord.html

Vermont 802-244-8727 ext 5237 www.dps.state.vt.us/cjs/recordcheck6.html

Virginia <http://www.vsp.state.va.us/cjis.htm>

Washington watch.wsp.wa.gov/

West Virginia Please contact our office for information.

Wisconsin 608-266-5764 www.doj.state.wi.us/dles/cib/crimback.asp#Q9

Wyoming attorneygeneral.state.wy.us/dci/chc.html

**EXAMPLE OF PUBLIC NOTICE
WHEN APPLYING FOR AN ABC LICENSE**

KRS 243.360 requires a person to first advertise their intention to apply for these licenses in the newspaper. Please use the following to assist you with this requirement. Place your advertisement in the legal section of the newspaper having the largest circulation for the county or city where your premises will be located.

YOUR ADVERTISEMENT SHOULD READ AS FOLLOWS:

(Fill in the blanks)

_____, Mailing address
(List the Name of each individual owner(s) or the name of the Corporation, Ltd, or L.L.C. the license will be issued under)

_____ Hereby declares intention(s)
(Include Street, City, State and Zip)

to apply for a _____ license(s)
(List **all license types** you are applying for. (Example) Limited Restaurant Alcoholic Beverage by the Drink,
Alcoholic Beverage Golf by the Drink, Retail Beer, Restaurant Wine by the Drink, and so on...)

(**Be sure** to refer to your ABC Schedule form for a complete list of all the license types you are making application for.)

no later than _____, The business to be licensed will be
(Enter the date you intend to make application to the State ABC)

located at _____ Kentucky _____
(List the **EXACT** street address and city where the ABC license is to be issued) (Zip)

doing business as _____
(List the name of your business (D.B.A.))

The (owner(s); Principal Officers and Directors; Limited Partners; or Members) are as follows:

_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code

Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, Ky. 40601-8400, within 30 days of the date of this legal publication. (End of advertisement)

Forward a clipping of this advertisement along with the Affidavit of Publication to:

Kentucky Office of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
(502) 564-4850 phone
(502) 564-1442 fax

Commonwealth of Kentucky
Office of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

(502) 564-4850 phone
(502) 564-1442 fax

**GLUE OR
TAPE
CLIPPING
HERE**

AFFIDAVIT OF PUBLICATION

**Attesting Publication of Intention to Engage in an
Alcoholic Beverage Business**

The following Affidavit of Publication is to be executed by an officer of the newspaper in which the application advertised, one time before the date of application for an alcoholic beverage license, his/her intention to engage in the business authorized by the license(s) applied for. A clipping of the advertisement must be attached to this Affidavit of Publication.

_____ of _____
(Name of Officer at Newspaper) (City) (State)

Being first duly sworn, says that he / she is _____
(Title of Position at Paper)

of the _____ a newspaper printed and published in the
(Name of Newspaper)

State of _____ County of _____, and having a general circulation in the County of

_____, Kentucky, and that the attached advertisement is a true copy and has been

Published in said newspaper on the following date(s): _____

Signature of Officer _____

Subscribed and sworn to before me, a Notary Public within and for the State and County aforesaid, by
_____ to me personally known, this _____ day of _____ (year) _____

My Commission expires the _____ day of _____ (year) _____

County of _____ Notary Public _____

***THIS AFFIDAVIT PROPERLY EXECUTED MUST BE ATTACHED TO THE ABC APPLICATION FOR
LICENSING.***

LEASE AGREEMENT

I, (We) _____,
hereby agree to lease to _____,
the premises located at _____,

in _____ County, Kentucky.

The said lease shall be for a term of _____,
beginning _____ and ending _____.

The rent shall be payable at a rate of _____.

I understand and agree upon, that the premises herein named shall be used
for lawful purposes only.

Lessor X _____

Lessor X _____

Lessee X _____

Lessee X _____

Subscribed and sworn to before me, a Notary Public, on this the _____
day of _____, 20_____, by the above Lessor and
Lessee.

Notary Public _____

My commission expires _____.

SELF-CERTIFICATION FOR COMPLIANCE WITH

KRS 164.772 Default in repayment obligation under financial assistance program – Professional licensing and certification – Notification.

This form must be completed (signed and dated) by all persons interested in this application, including, but not limited to, officers, partners, and managing members.

If this involves more than one person, make copies in order that each such interested person completes this form.

Certification of Repayment of Educational Financial Assistance

I, _____, am an applicant for a license related to alcohol or alcoholic beverages issued by the Kentucky Office of Alcoholic Beverage Control. I hereby certify that I am not in default of a repayment obligation, such as a student loan repayment, under any financial program administered by the Kentucky Higher Education Assistance Authority (KHEAA).

Signature of applicant

Date

RETURN THIS COMPLETED FORM TO STATE ABC ALONG WITH YOUR APPLICATION

1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502.564.4850 phone
502.564.1442 fax**"BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES"***Applications may be returned if all questions are not answered completely.*

Leave Blank – For ABC Use Only

License # _____ \$ _____ Val. _____ License # _____ \$ _____ Val. _____

License # _____ \$ _____ Val. _____ License # _____ \$ _____ Val. _____

Malt Beverage Administrator's Approval _____ Date _____

Distilled Spirits Administrator's Approval _____ Date _____

(A) 1. Applicant's name(s) or company to be licensed _____

DBA (Name of Business) _____

Address of premises to be licensed _____

City _____ County _____ State _____ 9 digit zip code _____

Mailing address if different from above _____

Contact person 8:00 am – 4:30 pm _____ e-mail address _____

Contact phone _____ Fax _____ Premises phone _____

List all ABC Schedule(s) you have attached _____ Fee enclosed \$ _____

(B) 2. Tax numbers (must be issued in the applicant's name).

Ky. Sales & Use Tax # _____

Ky. Withholding Tax # _____

Ky. Corporate Tax # _____

Federal EIN # _____

(C) 3. List all types of licenses you are applying for _____**4.** What Month do you want your license(s) to become effective? _____**5.** Describe the type of business you will operate and list how you will sell alcoholic beverages. _____Check all that apply: ☐ Beer: ☐ By the drink only, ☐ By the package only, ☐ Both by the drink and package.
☐ Wine ☐ Distilled Spirits: ☐ By the drink only, ☐ By the package only, ☐ Both by the drink and package.**6.** Are you the owner of the real estate where these premises are to be licensed? ☐ Yes ☐ NoIf no, you **must attach** a signed copy of your lease. ABC **will not** issue or renew any license(s) unless this lease extends through the full period of your license expiration date.

List the name of the owner of the premises real estate _____ Give date lease expires _____

(D) 7.

Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

If additional space is needed, please make an attachment.

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%

Please state in section D7 if this is a publicly held company.

- (E) 8. Is the applicant a corporation, limited partnership, or limited liability company, in good standing with the Ky. Secretary of State?.....☐Yes ☐No
List the State Incorporated or organized in _____
Attach a copy of your Articles of Incorporation or Articles of Organization.
If incorporated or organized in another state, attach a Certificate of Authority to do business in Kentucky.
9. Is the entire license fee paid by the applicant and by no other person?.....☐Yes ☐No
10. Are the premises to be licensed located within an incorporated city or town?.....☐Yes ☐No
If yes, list the name of the city or town _____
11. Have you ever been licensed to sell alcoholic beverages?.....☐Yes ☐No
If yes, give the name of the state and license number(s) _____
If in Kentucky, are you transferring this license to a new location?.....☐Yes ☐No
12. Does anyone named in section D 7 of this application have any interest in any kind of alcoholic beverage business or the premises of any alcoholic beverage business other than that for which you are herein applying?.....☐Yes ☐No
If yes, describe the interest(s) _____
13. Has the applicant or any person named in section D 7 been convicted of any felony in the past five (5) years or been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years?.....☐Yes ☐No
If yes, you must attach a statement giving a full explanation, including date(s) of conviction(s).
14. Has a license been suspended or revoked or denied for the premises to be licensed or any person named in section D7 of this Application herein? If yes, attach a statement giving a full explanation, including dates of suspension, revocation, or denial.....☐Yes ☐No
15. Are the premises to be licensed and the entrance located on the street level?.....☐Yes ☐No
If no, is the business a hotel, club or restaurant?.....☐Yes ☐No
16. a. Have the premises applied for been licensed to sell alcoholic beverages in the past twelve months?.....☐Yes ☐No
b. Are the premises currently licensed?.....☐Yes ☐No
c. If yes, give the Kentucky License number (s) _____
d. Is the license being transferred to you?.....☐Yes ☐No
e. Are you acquiring an interest in the existing business?.....☐Yes ☐No
If yes, check all the following boxes that apply to you. ☐ Inventory ☐ Fixtures and Equipment ☐ Ownership by purchase of shares
☐ Ownership by purchase of assets ☐ Leases ☐ Other _____

(F) 17. THE SELLER SHOULD COMPLETE THIS SECTION IF ITEM # 16 HAS BEEN ANSWERED "YES" OR IF SOMEONE IS TRANSFERRING THEIR LICENSE (S) TO YOU.

I (we), _____ the seller(s) or owner(s) of the business known
(Enter the **exact name(s)** that appears on the current license(s))

as _____ located at _____ Kentucky, am the holder of a
☐ Malt Beverage (beer) ☐ Liquor by Drink ☐ Liquor by Package ☐ _____ (other) license(s). The license number(s) is
(are) _____. I hereby represent that I have agreed to convey all license privileges (permitted by law) to
_____. I (we) understand that I (we) may not relinquish control of the business,
(Enter the **exact name(s)** that is applying to become the new licensee)
premises, or my interest in the licenses until such time as the buyer's application has been approved by the Office of Alcoholic Beverage Control.

Signature of Seller _____ Title _____ Date _____
(If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**)

Sworn or affirmed before me on this _____ day of _____, year of _____. My Commission expires _____

Notary Public _____ County of _____ State of _____
(Canadian applicants are exempt from this notary requirement)

(G) 18. AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE (S)

I, ____ (print your name here) _____, do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Office of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages.

Signature of Buyer or New Applicant _____ Title _____ Date _____

Sworn or affirmed before me on this _____ day of _____, year of _____. My Commission expires _____

Notary Public _____ County of _____ State of _____
(Canadian applicants are exempt from this notary requirement)

SCHEDULE "L"
Limited 70% Food Restaurants and Golf Courses Voted
Wet by Special Elections

Leave Blank – For ABC Use Only

License # _____ \$ _____ Validating # _____ License # _____ \$ _____ Validating # _____

Distilled Spirits Administrator's Approval _____ Date _____

Malt Beverage Administrator's Approval _____ Date _____

(A). Applicant's name(s) or company to be licensed _____

D.B.A. (Name of Business) _____

Address of premises to be licensed _____

- (B).**
1. Are you applying for a **Limited Restaurant Alcoholic Beverage by the Drink License under KRS 242.185(6)?** ☐ Yes ☐ No
If yes, do you meet the definition outlined in KRS 241.010(26)(a) and the requirements of KRS 242.185(6) by operating a restaurant and dining facility that derives at least 70% of your gross receipts from the sale of food and seat a minimum of **100** persons? ☐ Yes ☐ No
(Attach copy of your Food Service Permit issued by the Department of Health).
 2. Are you applying for a **Limited Restaurant Alcoholic Beverage by the Drink License under KRS 242.1244?** ☐ Yes ☐ No
If yes, do you meet the definition outlined in KRS 241.010(26)(b) and the requirements of KRS 242.1244 by operating a restaurant and dining facility that derives at least 70% of your gross receipts from the sale of food and seat a minimum of **50** persons? ☐ Yes ☐ No
 3. Are you a Golf Course in a limited wet territory applying for a liquor, wine, and beer by the drink **Golf Alcoholic Beverage License under KRS 242.123?** ☐ Yes ☐ No
If yes, do you meet the requirements of KRS 242.123 and 242.1232 as 9 and or 18 holes
USGA (*United States Golf Association*) regulation golf course? ☐ Yes ☐ No
 4. Are you applying for a **Supplemental Bar License?** ☐ Yes ☐ No
If yes, under *KRS 243.037 & KRS 241.010(48)* how many additional bars do you wish to license? _____.
 5. Are you applying for a **Special Sunday Retail Liquor Drink License?** ☐ Yes ☐ No
(Available under KRS 244.290)
 6. Are you applying for a **Retailer's Liquor Drink Sampling License?** ☐ Yes ☐ No
If yes, KRS 244.050 requires you to hold an active Kentucky Retail Distilled Spirits & Wine by the Drink License.
List your Kentucky Retail Distilled Spirits & Wine by the Drink License Number at the Sampling Location. _____.
 7. Are you applying for a **Caterer's License** at a premise that contains a commissary? ☐ Yes ☐ No
If yes, attach a copy of your food service permit issued by the local health department required by
KRS 243.033 and 804 KAR 4:310? ☐ Yes ☐ No

(C). I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this schedule into my basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Office has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use and or trafficking in alcoholic beverages.

Signature of Applicant _____ **Title** _____ **Date** _____

(D). Your Local ABC Administrator must approve this application before it is forwarded to the State ABC.
Take or mail this application and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Office.

This certifies that the applicant(s) herein above named have been approved for the types of license applied for and for the premises above specified.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR _____ **Date** _____

☐ City of _____ Administrator (or) the ☐ County of _____ Administrator

You may now forward this application, all attachments, and your state license fee to:
KENTUCKY OFFICE OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
Telephone 502-564-4850
Fax 502-564-1442

TYPES OF LICENSE & FEES

Site I.D. #

Check ☒ the boxes for the type(s) of license(s) you are applying for.

To determine the ABC license fee(s), find the license type(s)

In the left column, then move right across the table. A license issued for 6 months or more pays a full year fee and a license issued for less than 6 months pays one-half year fee.

Attach a certified check, cashier check, or a money order.

Make payable to: KENTUCKY STATE TREASURER

NO CASH!

LICENSE TYPE	<u>PREFIX</u>	<input checked="" type="checkbox"/>	FULL YEAR FEE Pay this amount	HALF YEAR FEE Pay this amount
<input type="checkbox"/> LIMITED RESTAURANT ALCOHOLIC BEVERAGE BY THE DRINK LICENSE (100 seats) (liquor / wine / beer) KRS 242.185(5) & 241.020(26)(a)	LR (100) seats	<input type="checkbox"/>	Pay fee for the largest city in the county to be licensed.	Pay fee for the largest city in the county to be licensed.
<input type="checkbox"/> LIMITED RESTAURANT ALCOHOLIC BEVERAGE BY THE DRINK LICENSE (50 seats) (liquor / wine / beer) KRS 242.1244 & 241.010(26)(b)	LR (50) seats	<input type="checkbox"/>	1 st . class city 1,200.00	1 st . class city 600.00
<input type="checkbox"/> LIMITED SUPPLEMENTAL BAR PER BAR How many <input type="checkbox"/> KRS 243.037, 241.010(48) after 5 th . license no fees charged, but license is required	LSBL	<input type="checkbox"/>	2 nd . class city 900.00	2 nd . class city 450.00
<input type="checkbox"/> GOLF ALCOHOLIC BEVERAGE LICENSE (liquor / wine/ beer by the drink only) KRS 242.123, 242.1232	GOLF	<input type="checkbox"/>	3 rd . class city 800.00	3 rd . class city 400.00
<input type="checkbox"/> GOLF SUPPLEMENTAL BAR KRS 243.037, 241.010(48) PER BAR How many <input type="checkbox"/> after 5 th . license no fees charged, but license is required.	GSBL	<input type="checkbox"/>	All others 700.00	All others 350.00
<input type="checkbox"/> SPECIAL SUNDAY RETAIL DRINK LICENSE KRS 244.290	LLS	<input type="checkbox"/>	500.00	250.00
<input type="checkbox"/> RETAILER'S LIQUOR DRINK SAMPLING KRS 244.050	DRS	<input type="checkbox"/>	100.00	50.00
<input type="checkbox"/> CATERER'S LICENSE KRS 243.033, 804 KAR 4:310	CL	<input type="checkbox"/>	800.00	400.00
TOTAL				

KRS 243.360 requires an applicant to **first advertise** their intention to apply for these licenses in the newspaper please use the attached example to assist you with this requirement. (If you are currently licensed and only adding a Sunday or a supplemental bar license to your premises you are not required to run this advertisement.)

Place your advertisement **once** in the **legal section** of the newspaper having the **largest circulation** for the **county** where your premises will be located. KRS 424.120 and 424.130(1)(b) describes a qualified newspaper.

After your advertisement has appeared in the paper, obtain a clipping from the paper and attach the Affidavit of Publication to your ABC application. The **Affidavit of Publication** is enclosed and should be completed by an official of the newspaper where the advertisement appeared.

CHECK LIST

- We do not accept CASH!** Have you attached a certified check, cashier check or money order, payable to: Ky. State Treasurer for your License fees and a separate check for your Kentucky Background checks? ☐ Yes ☐ No
- Have you answered each question fully and checked the type(s) of license(s) you are applying for? ☐ Yes ☐ No
- Have you signed your application(s) and had your signature notarized? ☐ Yes ☐ No
- If you are applying for a caterer's license have you attached your food service permit issued by your local health Dept. ☐ Yes ☐ No
- Have you secured the signature of approval from your local ABC Administrator on this application? ☐ Yes ☐ No ☐ N/A
- Have you attached a certified copy of your newspaper advertisement for this license? ☐ Yes ☐ No ☐ N/A
- Have you attached articles of incorporation, partnership papers, or other organizational papers? ☐ Yes ☐ No ☐ N/A
- Have you attached a signed copy of your lease that does not expire before your license expires? ☐ Yes ☐ No ☐ N/A
- If you are applying as a restaurant, have you attached a certificate of documentation of seating capacity by the Fire Marshal's office or its equivalent? ☐ Yes ☐ No ☐ N/A